SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET APPLICANT(S) 10/019945 (FOR USE WITH FORM PTO-875) CLAIMS AFTER 2nd AMENDMENT AFTER
1st AMENDMENT AS FILED DEP. IND. IND. IND. DEP. IND. DEP. IND. DEP. IND DEP. <u>.9</u> 1.7 ?1 !4 <u>2</u>5 <u>:7</u> :8 :9 .1 93. <u>रक्ष अर्ध</u> 67.75 5 ! 7.0 1-7 TAL TOTAL TOTAL DEP. JPIAL MAY BE -- AD FOR ADDITIONAL CLAIMS OR AMENDMENTS VALUE OF THE TREATHENT S. COMMENCE